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ABSTRACT

In many respects clinical psychology has been more sensitive than most to issues related to gender, but many glaring problems remain to be addressed. In the clinical realm of psychology it is especially important to frame more inclusive conceptualizations of adjustment. Ursinus College developed a college-wide program aimed at greater integration of gender in the college curriculum. In this program small groups of faculty from various departments committed to curricular change joined to create reading groups. Participants critiqued their current courses and developed new approaches with the help of their interdisciplinary colleagues. Extensive reading on such topics as feminist therapy fostered an expanded awareness of some of the sexist and racist underpinnings of the field, but more importantly afforded a new perspective from which to reexamine some of the core assumptions that underlie mainstream approaches to the teaching of therapy. Transforming how the classroom operates in light of new understanding of differences in students' ways of knowing will allow more students to embrace their educational experience. Strategies for increasing student participation will emphasize ways to make the classroom atmosphere less personally threatening. Evolving an integrated curriculum requires long-term commitment to experimentation and change. (Examination of a psychology course on the major techniques of psychotherapy is included to illustrate the process of curricular revision. (ABL)

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Developing A More Inclusive Curriculum:

Revising Courses in Psychotherapy

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I.
Introduction: Rationale & Description of the Course to be Revised

The courses that have been targeted for integration here involve the specialty of clinical psychology. In many respects this discipline has been more sensitive than most to issues related to gender, but many glaring problems remain to be addressed. When difficulties related to sexism and racism arise in a relatively "enlightened" academic area, they seem more sinister because they're unexpected and therefore harder to recognize and label appropriately. Culprits stand behind a list of what the field's done right and implicitly ask "isn't that enough?". Just about everyone admits that a tremendous amount of work remains to be done before we'll have a psychology which encompasses the experience of all races and classes. In the clinical realm of psychology, where practitioners labor to enable change, it is especially important to frame more inclusive conceptualizations of adjustment. The clinician, in applying science, has the potential to either redress restrictive rules of behavior and foster greater individual freedom, or reinforce traditional norms which have served to disadvantage so many. Clearly, it is of considerable value to consider some strategies for integrating gender, race, and class within the psychology, and particularly the psychotherapy, curriculum.

The process described here originated in a college-wide program at Ursinus College directed by Colette Hall, Ph.D., aimed at greater integration of gender in the college curriculum, funded by a Project QUILL Grant. As part of this program, small groups of faculty from various departments committed to curricular change, joined to create reading groups. Participants critiqued their current courses and developed new approaches with the help of their interdisciplinary colleagues. This process affirmed my decision to try to do a more thorough job of integrating gender, race, and class in my courses. Extensive reading on topics such as feminist therapy fostered an expanded awareness of some of the sexist and racist underpinnings of my field, but more importantly afforded a new perspective from which to reexamine some of the core assumptions that underlie mainstream approaches to the teaching of therapy. These challenges to my old way of thinking were stimulating, exciting, and at times quite disturbing. On occasion, after reflecting on how I had been presenting certain topics during the past decade of teaching, I saw myself as the "enemy", inadvertently reinforcing sexist, racist, and classist assumptions. At times, ways of remedying the errors were readily apparent. Other problems continue to be stubbornly resistant to solution. Sharing the new perspective borne of the critiquing process, even the unresolved

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questions raised in my inquiry, will hopefully help students learn to look at the helping process in a more subtle, comprehensive, and sensitive manner.

The particular course used here to illustrate the process of curricular revision is an introductory course in psychotherapy. At Ursinus, this undergraduate course is offered to juniors and seniors who are either majoring or minoring in psychology. Elsewhere, such courses may be part of graduate study in clinical or counseling psychology. This course is designed to help students acquaint themselves with the major techniques of psychotherapy, apply various theories of psychopathology and behavior change to the general task of helping, and to learn about themselves as they function in the helping role. Most such courses attempt to wed educational techniques designed to foster scholarly growth with those aimed ar heightening personal awareness. A seminar format is usually preferred, allowing for considerable discussion and experiential learning.

II.
Examples of Course "Content" Changes and Refocusing

Merely attaching "feminist therapy" and "minority issues" units to old course outlines does not constitute the type of integration sought here. More central changes, diffused throughout various topics, and involving transformation of both course process and content, allow courses to become truly inclusive. Here, reorganizing the psychotherapy course so that more time was initially allocated to an examination of therapeutic objectives, provided a better context for the "how-to" applied portions of the course which follow.

Expanded exploration of Therapy Objectives: Examination of Values Assumptions Underlying Treatment

Students can be encouraged to ask "where are we going with our clients?". Do we give them totally free reign in charting their course, or do we have a rough map we try to get them to follow, with moreorless specific destinations in mind? Our conceptions of "what's best for the client" are surely shaped by our own values, even if our choice is to encourage them to "do their own thing". Therapists can't get around it, much as they're taught not to advise or run people's lives.

The "Ideal Person" & Androcentrism

Students can review Broverman's research on mental health professionals' documented tendency to characterize "healthy females" in ways that are strikingly at odds with their characterization of "healthy adults". In this 1970's research it was found that adjectives associated with "healthy adults" were isomorphic with those associated with "healthy males". Have attitudes changed? If not, this raises questions about whether therapists might aim for less with female clients and underestimate their potential for competent, mature, balanced functioning. Alternately, is it possible that today's therapists have made changes that create a new set of problems? Have they bought into the "superwoman" myth? Are female clients saddled with unreasonable expectations to be "everything to everyone", at home and at work?

Worship of Independence

Students can discuss the tradition of overvaluing independence and demeaning dependence. This disadvantages women, whose socialization emphasizes the importance of relationships and stresses the importance of accomodating others' feelings (which can easily be disparaged through description in terms of "excessive need for approval"). In addition, the class can examine the "myth of male independence", by considering all the invisible assistance males typically receive (first from mother, and then from spouse), which allows the appearance of independence. This also places women at a disadvantage, because typically they are not the beneficiaries of the same amount of invisible support from males. When their achievement track records are then compared, females may come up short, in large measure because their time and energies have been divided between work and invisible nurturing of others. The fact that women rarely have hidden "helpmates" at home leaves their dependency needs unmet. In the sanctuary of therapy, they may reveal these unmet needs to be cared for and given to...do therapists misconstrue such women as behaviorally dependent? Lastly, it can be valuable for students to consider the real problem of counterdependence in clients. Recognizing that the inability to admit to one's need for others and maintaining an exaggerated view of one's autonomy are common obstacles to adjustment, may help to correct a tendency to overvalue independence.

Directive vs. Nondirective Approaches: Is values-neutral treatment a possibility?

Even with the less overtly directive treatment approaches, selective attention is unavoidable in therapy. Therefore, like it or not, the therapist limits the patient's freedom and to some extent shapes the client's exploration. With behavioral treatment, where appropriate behavior is explicitly reinforced, definitions of "adaptive" or "appropriate" obviously flow from the therapist's value system. Good treatment certainly gives patients many choices, but it also helps them learn to choose wisely.

Delivery of Care Issues

In addition to expanding a course's examination of how values assumptions shape the course of treatment, integrating courses in therapy requires discussion of inequalities in delivery of care. Examining differential therapy availability across different races & classes will enlighten students about the inequities of current mental health practices. Research continues to support the conclusion that the groups that need assistance the least, receive the most. Recent changes in some states may all but dismantle the community mental health system in those states. This will exacerbate this problem by making psychotherapy aalmost totally unavailable to nonpychotic patients who can't afford exhorbitant private practice fees. Sex, race, and class differences between therapists & clients can also be discussed. Although the overwhelming majority of outpatient clients are female, most doctoral level psychogists are still male (although that is slowly changing). What is the impact of this incongruence? Deficient numbers

of Black and Hispanic professionals limit the field's ability to address the specific needs of these populations. How can members of these group be attracted to the field?

Honing one's awareness of gender, class, and race concerns invites a recasting of several fundamental issues in clinical work. Therapy is sometimes described as "reparenting". Thius is an intriguing analogy. Many early conceptualizations of the therapeutic process imitated traditional fathering. Therapists were paternalistic, authoritative, detached, confrontive, and tried hard not to gratify their patients. Maybe we can help students understand the evolution of therapy beyond strict Freudian and behavioral views and toward inclusion of more humanistic and subjective concepts as representing a necessary correction, involving a revaluing of "maternal" nurturance, empathy, and acceptance. Perhaps we need to examine our views of gratification more carefully...and tthink twice before we reflexively indict highly committed trainees for being "too motherly". Limits need to be drawn, but maybe some of our patients truly require more direct help and advice from their therapists than we have wanted to recognize.

Many of the ongoing battles between therapists often seem to collapse along traditional male and female lines. Maybe that gender polarity can help students think more clearly about the fundamental issues and notions such as androgyny can help us effect a mopre productive balance between discrepant helping approaches. Students can be encouraged to consider whether therapy should be gender-neutral? Should androgyny be fotered in treatment? In working toward greater freedom from traditional sex-role stereotypes, are therapists being fair to male clients? Is androgyny more beneficial and "easier" for females than for males in today's world? To what extent should the therapist play advocate for social change? Is sexism in a client a symptom to be treated?

A psychotherapy course should include examination of how sex roles affect therapists' behavior and conceptualizations of the "ideal" therapeutic process. The ideal of therapist objectivity is consonant with the traditional emphasis placed on rationality over emotionality. But can therapists separate themselves from the process of therapy (this question dates back to the work of Sullivan)? Can countertransference ever be completely neutralized through understanding? Students can contrast the "Blank Screen" vs. "Real Person" views of the therapist. Should therapists betray any personal information or would such disclosure hopelessly contaminate the client's production? Does the therapist's self disclosure have a role in therapy as a strategy for reducing therapist'client status disparity? Can such self disclosure facilitate therapist'client equality and therefore empower the client? The issues of detached vs. involved helping and confrontation vs. nurturance in treatment might also be understood through use of a "fathering" and "mothering" metaphor. It seems that this field has typically devalued the behaviors and attitudes that are more parallel to the traditionally maternal approach to parenting. Perhaps it's time to redress this bias.

Confrontation of historical "sexist sins" in psychotherapy

Here students can be encouraged to consider Freud's assumptions about female sexuality, female development, and the inherent masochism of women, and how these shaped the treatment experience for women. The tradition of mother-blaming in the field can be reviewed, and its impact on families with children with problems can be considered. Assumptions about "ideal families" that underlie many family therapy techniques can also be considered. Does traditional family therapy serve to perpetuate stereotypes and roles which limit female family members? The goal in this section of the course is to alert students to recognized cases of biased theorizing and their extensive social repercussions. In addition, students can become sensitized to how these errors may be made in the future, and can learn to spot biased work on their own.

III.
"Process" Changes

Transforming how the classroom operates in light of new understanding of differences in students' ways of knowing will allow more students to embrace their educational experience. Strategies for increasing student participation will emphasize ways to make the classroom atmosphere less personally threatening. Increased use of instuctor self-disclosure may foster student recognition that personal self discovery and sharing is a legitimate course objective. Attempts can be made to detach the evaluation process from class discussion. This may be done by avoiding subjective methods of evaluation and by using contracts in combination with a personal mastery approach. Nominal groups techniques help to disassociate ideas and concerns from their creators, thereby reducing defensiveness and opening up discussion. Provision of expanded experiential learning opportunities serves to underscore an instructor's respect for the intuitive route to knowing and can help students integrate personal, subjective ways of knowing with more traditional educational avenues. Fostering classroom assertiveness in some students is necessary for greater involvement. Rewarding expressivity, risk taking, and respecting the views of other students can create a climate in which students dare to share more freely. Trying to dispel the assumption that there's one right answer that the instructor is stubbornly withholding, can also free students to express their ideas. It can be helpful from the outset to emphasize that a major goal of this course is to increase everyone's comphrehension of everyone else's views on the various issues considered. This fosters active listening and can reduce stifling competition among students. In a course on psychotherapy, this objective also happens to dovetail with the emphasis on the development of heightened empathy skills.

Conclusion

Evolving an integrated curriculum requires long term commitment to experimentation and change. The suggestions described above might stimulate your own efforts to provide students with a more inclusive learning experience.